MMP-13 inhibitors

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NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	DEC 23	New IPC8 SEARCH, DISPLAY, and SELECT fields in USPATFULL/ USPAT2
NEWS	4	JAN 13	IPC 8 searching in IFIPAT, IFIUDB, and IFICDB
NEWS	5	JAN 13	New IPC 8 SEARCH, DISPLAY, and SELECT enhancements added to INPADOC
NEWS	6	JAN 17	Pre-1988 INPI data added to MARPAT
NEWS	7	JAN 17	IPC 8 in the WPI family of databases including WPIFV
NEWS	8	JAN 30	Saved answer limit increased
NEWS	9	FEB 21	STN AnaVist, Version 1.1, lets you share your STN AnaVist visualization results
NEWS	10	FEB 22	The IPC thesaurus added to additional patent databases on STN
NEWS	11	FEB 22	Updates in EPFULL; IPC 8 enhancements added
NEWS	12	FEB 27	New STN AnaVist pricing effective March 1, 2006
NEWS	13	FEB 28	MEDLINE/LMEDLINE reload improves functionality
NEWS	14	FEB 28	TOXCENTER reloaded with enhancements
NEWS	15	FEB 28	REGISTRY/ZREGISTRY enhanced with more experimental spectral property data
NEWS	16	MAR 01	INSPEC reloaded and enhanced
NEWS	17	MAR 03	Updates in PATDPA; addition of IPC 8 data without attributes
NEWS	18	MAR 08	X.25 communication option no longer available after June 2006
NEWS	19	MAR 22	EMBASE is now updated on a daily basis
NEWS	20	APR 03	New IPC 8 fields and IPC thesaurus added to PATDPAFULL
NEWS	21	APR 03	Bibliographic data updates resume; new IPC 8 fields and IPC thesaurus added in PCTFULL
NEWS	22	APR 04	STN AnaVist $500 visualization usage credit offered
NEWS	23	APR 12	LINSPEC, learning database for INSPEC, reloaded and enhanced
NEWS	24	APR 12	Improved structure highlighting in FQHIT and QHIT display in MARPAT
NEWS	25	APR 12	Derwent World Patents Index to be reloaded and enhanced during second quarter; strategies may be affected

NEWS EXPRESS FEBRUARY 15 CURRENT VERSION FOR WINDOWS IS V8.01a,
CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
AND CURRENT DISCOVER FILE IS DATED 19 DECEMBER 2005.
V8.0 AND V8.01 USERS CAN OBTAIN THE UPGRADE TO V8.01a AT
http://download.cas.org/express/v8.0-Discover/

NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS LOGIN	Welcome Banner and News Items
NEWS IPC8	For general information regarding STN implementation of IPC 8

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FILE 'HOME' ENTERED AT 08:28:04 ON 17 APR 2006

=> file medline
COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'MEDLINE' ENTERED AT 08:28:11 ON 17 APR 2006

FILE LAST UPDATED: 15 APR 2006 (20060415/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 is now (26 Feb.) available. For details on the 2006 reload, enter HELP RLOAD at an arrow prompt (=>). See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

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=> s clinical(w)trial
       1437530 CLINICAL
        180369 TRIAL
L1       37485 CLINICAL(W)TRIAL

=> s L1 and chemotherapy
        174629 CHEMOTHERAPY
L2        2681 L1 AND CHEMOTHERAPY

=> s L2 and CALGB and ECOG and SWOG and NCCTG
           285 CALGB
          2065 ECOG
           286 SWOG
            48 NCCTG
L3            0 L2 AND CALGB AND ECOG AND SWOG AND NCCTG

=> s L2 and CALGB
           285 CALGB
L4           11 L2 AND CALGB

=> d L4 1-11 ti

L4   ANSWER 1 OF 11     MEDLINE on STN
TI   Criterion validity of Medicare chemotherapy claims in Cancer and
     Leukemia Group B breast and lung cancer trial participants.
```

MMP-13 inhibitors

L4 ANSWER 2 OF 11 MEDLINE on STN
TI Comparison of HER2 status by fluorescence in situ hybridization and immunohistochemistry to predict benefit from dose escalation of adjuvant doxorubicin-based therapy in node-positive breast cancer patients.

L4 ANSWER 3 OF 11 MEDLINE on STN
TI An interdisciplinary approach to treating prostate cancer.

L4 ANSWER 4 OF 11 MEDLINE on STN
TI Hepatic arterial **chemotherapy** for colorectal cancer liver metastases: a review of advances in 2003.

L4 ANSWER 5 OF 11 MEDLINE on STN
TI Sequential re-analysis of a phase-III **clinical trial** in non-small cell lung cancer.

L4 ANSWER 6 OF 11 MEDLINE on STN
TI New antitumor drugs for non-Hodgkin's lymphoma.

L4 ANSWER 7 OF 11 MEDLINE on STN
TI Relationship between toxicity and obesity in women receiving adjuvant **chemotherapy** for breast cancer: results from cancer and leukemia group B study 8541.

L4 ANSWER 8 OF 11 MEDLINE on STN
TI Flow cytometry in node-positive breast cancer: cancer and leukemia group B protocol 8869.

L4 ANSWER 9 OF 11 MEDLINE on STN
TI Psychological symptoms and disease-free and overall survival in women with stage II breast cancer. Cancer and Leukemia Group B.

L4 ANSWER 10 OF 11 MEDLINE on STN
TI Stopping a **clinical trial** early: frequentist and Bayesian approaches applied to a **CALGB** trial in non-small-cell lung cancer.

L4 ANSWER 11 OF 11 MEDLINE on STN
TI Alternating cycles of combination **chemotherapy** for patients with recurrent Hodgkin's disease following radiotherapy. A prospectively randomized study by the Cancer and Leukemia Group B.

```
=> s L2 and py<2003
     13951748 PY<2003
                (PY<20030000)
L5         2037 L2 AND PY<2003

=> s L5 and dose-dense
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         40283 DENSE
           181 DOSE-DENSE
                 (DOSE(W)DENSE)
L6             1 L5 AND DOSE-DENSE

=> d l6 ti abs bib
```

L6 ANSWER 1 OF 1 MEDLINE on STN
TI Phase II study of "**dose-dense**" high-dose **chemotherapy** treatment with peripheral-blood progenitor-cell support as primary treatment for patients with advanced ovarian cancer.
AB PURPOSE: We performed a pilot phase II study to evaluate the potential for delivery of rapidly sequenced high-dose **chemotherapy** treatments

rescued with autologous peripheral-blood progenitor cells (PBP) in patients with previously untreated, advanced ovarian cancer. PATIENTS AND METHODS: A single cycle of mobilization was used, primed with cyclophosphamide (CPA)/paclitaxel (Txl) and filgrastim (granulocyte colony-stimulating factor [G-CSF]), followed by three cycles of high-dose carboplatin (CBDCA)/Txl and one cycle of high-dose melphalan (MEL), each rescued by PBP. We then analyzed the outcome for a total of 56 consecutive patients treated with high-dose **chemotherapy** as part of this program. RESULTS: In the phase II pilot, 21 patients were enrolled. There were no treatment-related deaths through 98 high-dose treatments, although 34 treatments were complicated by hospitalization, primarily for neutropenic fever. Seventy-six percent of patients experienced grade 3 to 4 gastrointestinal toxicity and 62% experienced grade 2 to 3 neuropathy. Five of 15 (33%) patients who underwent second-look surgery attained a pathologic complete response. In the overall analysis, 56 patients were reviewed. Forty-four patients were assessable for response by second-look surgery or clinical progression. Fifteen of 44 patients achieved a pathologic complete response (34%). The pathologic complete response rate in optimal-disease patients was 12 of 22 (55%), while only three of 22 (13%) suboptimal stage III and IV patients achieved a pathologic complete response. CONCLUSION: The Gynecologic Oncology Group has initiated a pilot phase II trial of this approach in patients with optimally debulked stage III ovarian cancer. There is no evidence to support the use of this or other aggressive regimens outside of a **clinical trial.**

AN 1998246313 MEDLINE
DN PubMed ID: 9586901
TI Phase II study of "**dose-dense**" high-dose **chemotherapy** treatment with peripheral-blood progenitor-cell support as primary treatment for patients with advanced ovarian cancer.
AU Aghajanian C; Fennelly D; Shapiro F; Waltzman R; Almadrones L; O'Flaherty C; O'Conner K; Venkatraman E; Barakat R; Curtin J; Brown C; Reich L; Wuest D; Norton L; Hoskins W; Spriggs D R
CS Memorial Sloan-Kettering Cancer Center, New York, NY 10021, USA.. aghajanianc@mskcc.org
NC CA 52477-04 (NCI)
SO Journal of clinical oncology : official journal of the American Society of Clinical Oncology, **(1998 May)** Vol. 16, No. 5, pp. 1852-60.
Journal code: 8309333. ISSN: 0732-183X.
CY United States
DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199806
ED Entered STN: 19980611
Last Updated on STN: 19980611
Entered Medline: 19980604

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=> s dose-dense and chemotherapy
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                 (DOSE(W)DENSE)
        174629 CHEMOTHERAPY
L7         171 DOSE-DENSE AND CHEMOTHERAPY

=> s L7 and doxorubicin and paclitaxel and cyclophosphamide
         32035 DOXORUBICIN
         11957 PACLITAXEL
         44160 CYCLOPHOSPHAMIDE
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MMP-13 inhibitors

L8 26 L7 AND DOXORUBICIN AND PACLITAXEL AND CYCLOPHOSPHAMIDE

=> s L7 and ATC(w)regimen
876 ATC
66552 REGIMEN
0 ATC(W)REGIMEN
L9 0 L7 AND ATC(W)REGIMEN

=> s L7 and ATC
876 ATC
L10 2 L7 AND ATC

=> d L10 1-2 ti abs bib

L10 ANSWER 1 OF 2 MEDLINE on STN
TI Five-year update of an expanded phase II study of **dose-dense** and -intense doxorubicin, paclitaxel and cyclophosphamide (**ATC**) in high-risk breast cancer.
AB OBJECTIVES: This study evaluated the safety and efficacy of **dose-dense** and -intense sequential doxorubicin (A), paclitaxel (T) and cyclophosphamide (C) as adjuvant therapy for breast cancer (BC) with >or=4 ipsilateral axillary lymph nodes. METHODS: Patients were recruited after BC surgery if >or=4 axillary nodes were involved by metastatic cancer. Planned treatment was A 90 mg/m(2) three times every 14 days (q14d x 3), T 250 mg/m(2) q14d x 3 and C 3 g/m(2) q14d x 3 combined with filgrastim support. RESULTS: The study enrolled 85 eligible patients. The median number of lymph nodes involved was 9. Mean dose intensity was >94% of planned for each drug. Common grade 3 toxicities included nausea and/or vomiting (24%), mucositis (18%), neuropathy (16%), palmar-plantar erythrodysesthesia (12%), myalgia (6%) and arthralgia (6%). Grade 3/4 neutropenia occurred in 77 (91%) patients, and 32 (38%) patients had neutropenic fever. One patient developed acute leukemia. Sixty-nine (81%) patients are alive, and 59 (69%) patients are alive and free of distant disease at a median follow-up of 5 years. CONCLUSIONS: **ATC** is a feasible regimen for adjuvant therapy of high-risk BC, with a relatively low rate of relapse at the 5-year follow up.
AN 2005665473 MEDLINE
DN PubMed ID: 16319508
TI Five-year update of an expanded phase II study of **dose-dense** and -intense doxorubicin, paclitaxel and cyclophosphamide (**ATC**) in high-risk breast cancer.
AU Abu-Khalaf Maysa M; Windsor Stephen; Ebisu Keita; Salikooti Saritha; Ananthanarayanan Gowri; Chung Gina G; DiGiovanna Michael P; Haffty Bruce G; Abrams Martin; Farber Leonard R; Hsu Arlene D; Reiss Michael; Zelterman Daniel; Burtness Barbara A
CS Jersey Shore University Medical Center, Neptune, N.J., USA.
NC P30CA16359 (NCI)
SO Oncology, (2005) Vol. 69, No. 5, pp. 372-83. Electronic Publication: 2005-11-24.
Journal code: 0135054. ISSN: 0030-2414.
CY Switzerland
DT (CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
(CLINICAL TRIAL)
LA English
FS Priority Journals
EM 200601
ED Entered STN: 20051218
Last Updated on STN: 20060106
Entered Medline: 20060105

L10 ANSWER 2 OF 2 MEDLINE on STN
TI Adjuvant sequential **dose-dense** doxorubicin,

paclitaxel, and cyclophosphamide (**ATC**) for high-risk breast cancer is feasible in the community setting.

AB PURPOSE: This study evaluated the feasibility, when given in the community, of **dose-dense**, sequential **ATC** (doxorubicin, paclitaxel, cyclophosphamide) as adjuvant therapy for breast cancer with four or more metastatic axillary lymph nodes. PATIENTS AND METHODS: Patients were recruited after definitive breast cancer surgery if four or more axillary nodes were involved by metastatic cancer and if distant metastases were not present on computed tomographic scan or bone scan. Forty patients received doxorubicin, 90 mg/m2 every 14 days for three cycles; paclitaxel, 250 mg/m2 every 14 days for three cycles; and cyclophosphamide, 3 g/m2 every 14 days for three cycles with filgrastim support. **Chemotherapy** was administered by the referring physician. RESULTS: Mean dose intensity was 99% for doxorubicin, 96% for paclitaxel, and 99% for cyclophosphamide. Grade 3 toxicities included mucositis (13%), nausea/vomiting (10%), neuropathy (13%), and myalgia/arthralgia (10%). Thirteen patients had neutropenic fever. One patient developed acute leukemia. Three relapses have occurred. Ninety percent of patients are alive and disease-free at a median follow-up of 24 months. DISCUSSION: **ATC** can be administered in the community at full doses with acceptable toxicity. Preliminary efficacy data suggest that this high-dose, intensively scheduled regimen warrants comparison with standard therapy for high-risk patients.

AN 1999368023 MEDLINE

DN PubMed ID: 10439168

TI Adjuvant sequential **dose-dense** doxorubicin, paclitaxel, and cyclophosphamide (**ATC**) for high-risk breast cancer is feasible in the community setting.

AU Burtness B; Windsor S; Holston B; DiStasio S; Staugaard-Hahn C; Abrantes J; Kneuper-Hall R; Farber L; Orell J; Bober-Sorcinelli K; Haffty B G; Reiss M

CS Department of Internal Medicine, Yale University School of Medicine, New Haven, Connecticut 06520-8032, USA.

SO The cancer journal from Scientific American, (1999 Jul-Aug) Vol. 5, No. 4, pp. 224-9.
Journal code: 9513568. ISSN: 1081-4442.

CY United States

DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199910

ED Entered STN: 19991026
Last Updated on STN: 19991026
Entered Medline: 19991008

=> d L8 1-26 ti

L8 ANSWER 1 OF 26 MEDLINE on STN
TI Optimizing adjuvant **chemotherapy** in early-stage breast cancer.

L8 ANSWER 2 OF 26 MEDLINE on STN
TI Concepts and clinical trials of **dose-dense chemotherapy** for breast cancer.

L8 ANSWER 3 OF 26 MEDLINE on STN
TI Five-year update of an expanded phase II study of **dose-dense** and -intense **doxorubicin**, **paclitaxel** and **cyclophosphamide** (ATC) in high-risk breast cancer.

L8 ANSWER 4 OF 26 MEDLINE on STN

MMP-13 inhibitors

TI Efficacy of pegfilgrastim and darbepoetin alfa as hematopoietic support for **dose-dense** every-2-week adjuvant breast cancer **chemotherapy.**

L8 ANSWER 5 OF 26 MEDLINE on STN
TI Adjuvant therapy of breast cancer.

L8 ANSWER 6 OF 26 MEDLINE on STN
TI Adjuvant therapy of breast cancer.

L8 ANSWER 7 OF 26 MEDLINE on STN
TI **Dose-dense** sequential adriamycin-**Paclitaxel-cyclophosphamide chemotherapy** is well tolerated and safe in high-risk early breast cancer.

L8 ANSWER 8 OF 26 MEDLINE on STN
TI Evaluation of anemia, neutropenia and skin toxicities in standard or **dose-dense doxorubicin/cyclophosphamide** (AC)-**paclitaxel** or docetaxel adjuvant **chemotherapy** in breast cancer.

L8 ANSWER 9 OF 26 MEDLINE on STN
TI Dose density in adjuvant **chemotherapy** for breast cancer.

L8 ANSWER 10 OF 26 MEDLINE on STN
TI Breast cancer highlights: key findings from the San Antonio Breast Cancer Symposium: a U.S. perspective.

L8 ANSWER 11 OF 26 MEDLINE on STN
TI **Dose-dense chemotherapy** in breast cancer and lymphoma.

L8 ANSWER 12 OF 26 MEDLINE on STN
TI Best use of adjuvant systemic therapies II, **chemotherapy** aspects: dose of **chemotherapy**-cytotoxicity, duration and responsiveness.

L8 ANSWER 13 OF 26 MEDLINE on STN
TI A pilot study of dose intense **doxorubicin** and **cyclophosphamide** followed by infusional **paclitaxel** in high-risk primary breast cancer.

L8 ANSWER 14 OF 26 MEDLINE on STN
TI **Dose-dense** treatment prolongs disease-free survival of women with node positive breast cancer.

L8 ANSWER 15 OF 26 MEDLINE on STN
TI The role of taxanes in the adjuvant treatment of early stage breast cancer.

L8 ANSWER 16 OF 26 MEDLINE on STN
TI Randomized trial of **dose-dense** versus conventionally scheduled and sequential versus concurrent combination **chemotherapy** as postoperative adjuvant treatment of node-positive primary breast cancer: first report of Intergroup Trial C9741/Cancer and Leukemia Group B Trial 9741.

L8 ANSWER 17 OF 26 MEDLINE on STN
TI **Dose-dense** biweekly **doxorubicin**/docetaxel versus sequential neoadjuvant **chemotherapy** with **doxorubicin/cyclophosphamide**/docetaxel in operable breast cancer: second interim analysis.

MMP-13 inhibitors

L8 ANSWER 18 OF 26 MEDLINE on STN
TI Neo-adjuvant therapy with **dose-dense** docetaxel plus short-term filgrastim rescue for locally advanced breast cancer.

L8 ANSWER 19 OF 26 MEDLINE on STN
TI **Doxorubicin** followed by sequential **paclitaxel** and **cyclophosphamide** versus concurrent **paclitaxel** and **cyclophosphamide**: 5-year results of a phase II randomized trial of adjuvant **dose-dense chemotherapy** for women with node-positive breast carcinoma.

L8 ANSWER 20 OF 26 MEDLINE on STN
TI Optimizing adjuvant breast cancer **chemotherapy**: rationale for the MA.21 study.

L8 ANSWER 21 OF 26 MEDLINE on STN
TI An immunotherapeutic approach to treatment of breast cancer: focus on trastuzumab plus **paclitaxel.** Breast Cancer Medicine Service.

L8 ANSWER 22 OF 26 MEDLINE on STN
TI Sequential **dose-dense doxorubicin**, **paclitaxel**, and **cyclophosphamide** for resectable high-risk breast cancer: feasibility and efficacy.

L8 ANSWER 23 OF 26 MEDLINE on STN
TI Adjuvant sequential **dose-dense doxorubicin**, **paclitaxel**, and **cyclophosphamide** (ATC) for high-risk breast cancer is feasible in the community setting.

L8 ANSWER 24 OF 26 MEDLINE on STN
TI **Dose-dense paclitaxel**-containing adjuvant therapy for breast cancer.

L8 ANSWER 25 OF 26 MEDLINE on STN
TI Docetaxel as neoadjuvant **chemotherapy** in patients with stage III breast cancer.

L8 ANSWER 26 OF 26 MEDLINE on STN
TI Sequential **dose-dense** adjuvant therapy with **doxorubicin**, **paclitaxel**, and **cyclophosphamide.**

=> s L8 and py>2002
1969645 PY>2002
(PY>20029999)
L11 16 L8 AND PY>2002

=> s L8 not L11
L12 10 L8 NOT L11

=> d L12 1-10 ti abs bib

L12 ANSWER 1 OF 10 MEDLINE on STN
TI **Dose-dense** biweekly **doxorubicin**/docetaxel versus sequential neoadjuvant **chemotherapy** with **doxorubicin/cyclophosphamide**/docetaxel in operable breast cancer: second interim analysis.
AB Timing of systemic treatment in primary operable breast cancer is subject to extensive investigation, suggesting that pathologic complete remission (pCR) might improve survival in this setting. The German Adjuvant Breast Cancer Group previously demonstrated the feasibility of a **dose-dense** biweekly schedule of 4 cycles **doxorubicin** 50 mg/m2 and docetaxel 75 mg/m2 (ddAT) +/- tamoxifen in the neoadjuvant setting to

yield a pCR of 9.7% (Gepardo trial). Patients assigned to ddAT received prophylactic granulocyte colony-stimulating factor support (5 micro g/kg days 5-10). The current study (GeparDUO) was designed to assess whether the pCR rate, including no viable invasive and preinvasive tumor cells, achieved with ddAT was equivalent to sequential administration of **doxorubicin/cyclophosphamide** followed by docetaxel (AC-DOC) over 24 weeks in primary operable breast cancer. From June 1999 to September 2001, 913 patients were enrolled in this trial. In total, 395 patients randomized before August 1, 2000, were included in the second interim analysis. Safety data were available from 369 patients (ddAT, n = 191; AC-DOC, n = 178) demonstrating that toxicity of both regimens was tolerable. Grade 3/4 neutropenia occurred in 39.8% of patients receiving ddAT and in 69.3% of patients treated with AC-DOC. Efficacy data were available in 378 patients. A pCR occurred in 14.8% of the primary breast tumors. According to the recommendations of the data monitoring committee, recruitment to the study was halted as of September 2001 (n = 913/1000) due to the significant difference in pCR rates observed between the treatment arms. Surgery was documented in 380 patients. Breast conservation was possible in 288 cases (75.8%). The application of both schedules is safe and feasible in an outpatient setting. Although, results obtained from this interim analysis are encouraging, caution is recommended until the results obtained show statistical difference in pCR.

AN 2002665998 MEDLINE
DN PubMed ID: 12425756
TI **Dose-dense** biweekly **doxorubicin**/docetaxel versus sequential neoadjuvant **chemotherapy** with **doxorubicin/cyclophosphamide**/docetaxel in operable breast cancer: second interim analysis.
AU Jackisch Christian; von Minckwitz Gunter; Eidtmann Holger; Costa Serban Dan; Raab Gunther; Blohmer Jens Uwe; Schutte Martin; Gerber Bernd; Merkle Elisabeth; Gademann Gunther; Lampe Dieter; Hilfrich Jorn; Tulusan Augustinus-Harjanto; Caputo Angelika; Kaufmann Manfred
CS Department of Obstetrics and Gynecology, University of Marburg, Pilgrimstein 3, D-35037 Marburg, Germany.
SO Clinical breast cancer, (2002 Oct) Vol. 3, No. 4, pp. 276-80. Journal code: 100898731. ISSN: 1526-8209.
CY United States
DT (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200304
ED Entered STN: 20021113
Last Updated on STN: 20030423
Entered Medline: 20030422

L12 ANSWER 2 OF 10 MEDLINE on STN
TI Neo-adjuvant therapy with **dose-dense** docetaxel plus short-term filgrastim rescue for locally advanced breast cancer.
AB Neo-adjuvant, **dose-dense** docetaxel, 100 mg/m(2) every 2 weeks x 4 cycles, was administered to 12 patients with locally advance breast cancer (LABC) (10 stage IIIa and three stage IIIb). Eligibility requirements included a PS 0-2, normal hepatic and renal function, and radiologic absence of metastatic disease. Filgrastim [granulocyte colony stimulating factor (G-CSF)] was started 1 day after **chemotherapy** and was given for 6 days. Complete blood counts were determined weekly. Surgery was planned upon recovery from the last dose of docetaxel and followed by 4 cycles of adjuvant **doxorubicin** plus **cyclophosphamide** (AC) and radiotherapy. Patients with ER status received tamoxifen. The median age was 45 (range 34-73) and pre-treatment pathology revealed poorly differentiated infiltrating duct carcinoma in 11 and infiltrating lobular cancer in one, with positive ER/PR status in

five. Twelve patients were treated, and all are evaluable for response and toxicity. Nine patients had a major clinical tumor response with five PR and four pathologic complete responses (pCR rate of 33%). Three patients (of whom two with stage IIIb) had progressive disease and went on to receive neo-adjuvant therapy with AC. There was one instance of grade 3 hematologic toxicity (neutropenic fever in one G-CSF non-compliant patient). There were two instances of grade 3 extra-hematologic toxicity: one patient had severe pain and one had treatment-related fatigue. After a median follow-up of 20 months (range 7-49 months) all patients are alive and eight of nine responders remain progression-free. Despite the small size of our study, we believe that **dose-dense** neo-adjuvant docetaxel is well tolerated and its activity warrants confirmation in a larger number of patients.

AN 2002634362 MEDLINE
DN PubMed ID: 12394262
TI Neo-adjuvant therapy with **dose-dense** docetaxel plus short-term filgrastim rescue for locally advanced breast cancer.
AU Paciucci Paolo Alberto; Raptis George; Bleiweiss Ira; Weltz Christina; Lehrer Deborah; Gurry Rita
CS Division of Medical Oncology, The Mount Sinai School of Medicine, New York, NY 10029, USA.. paolo.paciucci@mssm.edu
SO Anti-cancer drugs, (2002 Sep) Vol. 13, No. 8, pp. 791-5. Journal code: 9100823. ISSN: 0959-4973.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200303
ED Entered STN: 20021024
Last Updated on STN: 20030305
Entered Medline: 20030304

L12 ANSWER 3 OF 10 MEDLINE on STN
TI **Doxorubicin** followed by sequential **paclitaxel** and **cyclophosphamide** versus concurrent **paclitaxel** and **cyclophosphamide**: 5-year results of a phase II randomized trial of adjuvant **dose-dense chemotherapy** for women with node-positive breast carcinoma.
AB PURPOSE: We conducted a randomized Phase II trial to directly compare toxicity, feasibility, and delivered dose intensities of two adjuvant dose-intensive regimens containing **doxorubicin**, **paclitaxel**, and **cyclophosphamide** for patients with node-positive breast carcinoma. EXPERIMENTAL DESIGN: Forty-two patients with resected breast carcinoma involving one or more ipsilateral axillary lymph nodes, were randomized to receive two different schedules of adjuvant **chemotherapy** using 14-day dosing intervals: either (a) three cycles of **doxorubicin** 80 mg/m(2) as i.v. bolus followed sequentially by three cycles of **paclitaxel** 200 mg/m(2) as a 24-h infusion and then by three cycles of **cyclophosphamide** 3.0 g/m(2) as a 1-h infusion (arm A); or (b) the same schedule of **doxorubicin** followed by three cycles of concurrent **cyclophosphamide** and **paclitaxel** at the same doses (arm B). All cycles were supported by granulocyte colony-stimulating factor administration. RESULTS: Forty-one patients were assessable for toxicity and feasibility; 37 (90%) completed all planned **chemotherapy.** There was no treatment-related mortality; however, increased toxicity was observed on arm B compared with arm A, manifested by an increase in hospitalization for toxicity, mainly neutropenic fever, and an increased incidence of transfusion of packed RBCs transfusions for anemia. The mean delivered dose intensities for **paclitaxel** and **cyclophosphamide** were significantly greater for arm A compared with arm B (P =.01 and P =.05, respectively). There is no long-term, treatment-related toxicity, and no cases of acute myelogenous leukemia or myelodysplastic syndrome

have been observed. CONCLUSIONS: **Dose-dense** sequential single-agent **chemotherapy** is more feasible than **doxorubicin** with subsequent concurrent **paclitaxel** and **cyclophosphamide.**

AN 2002048208 MEDLINE
DN PubMed ID: 11751485
TI **Doxorubicin** followed by sequential **paclitaxel** and **cyclophosphamide** versus concurrent **paclitaxel** and **cyclophosphamide**: 5-year results of a phase II randomized trial of adjuvant **dose-dense chemotherapy** for women with node-positive breast carcinoma.
AU Fornier M N; Seidman A D; Theodoulou M; Moynahan M E; Currie V; Moasser M; Sklarin N; Gilewski T; D'Andrea G; Salvaggio R; Panageas K S; Norton L; Hudis C
CS Breast Cancer Medicine Service, Division of Solid Tumor Oncology, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY 10021, USA.
SO Clinical cancer research : an official journal of the American Association for Cancer Research, (2001 Dec) Vol. 7, No. 12, pp. 3934-41. Journal code: 9502500. ISSN: 1078-0432.
CY United States
DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200203
ED Entered STN: 20020125
Last Updated on STN: 20020403
Entered Medline: 20020327

L12 ANSWER 4 OF 10 MEDLINE on STN
TI Optimizing adjuvant breast cancer **chemotherapy**: rationale for the MA.21 study.
AB Recently initiated is a phase III randomized trial (MA.21 trial) of adjuvant **chemotherapy** for node-positive and high-risk node-negative, premenopausal and postmenopausal (< or = 60 years) women with breast cancer who have no distant metastases. Conducted by the National Cancer Institute of Canada-Clinical Trials Group, the trial will compare two standard therapies, CEF (**cyclophosphamide** [Cytoxan, Neosar], epirubicin [Ellence], fluorouracil) and AC-->T (**doxorubicin** [Adriamycin], **cyclophosphamide**, followed by **paclitaxel** [Taxol]), and includes a third arm consisting of a **dose-dense**, dose-intense EC-->T regimen (epirubicin, **cyclophosphamide**, followed by **paclitaxel**). These regimens were chosen for study based on results of previous clinical assessments of adjuvant therapies, which, taken together, suggest that CEF, FEC 100 (where 100 represents the dose in mg/m2 of epirubicin in FEC [fluorouracil, epirubicin, **cyclophosphamide**]), CAF (**cyclophosphamide**, **doxorubicin**, fluorouracil), and AC-->T may all be superior to standard AC or CMF (**cyclophosphamide**, methotrexate, fluorouracil) regimens. This article reviews trial results that support the testing of the regimens chosen for the MA.21 trial. The intent of the MA.21 study is to advance our ability to provide optimal adjuvant therapy for patients with breast cancer.
AN 2001328759 MEDLINE
DN PubMed ID: 11396366
TI Optimizing adjuvant breast cancer **chemotherapy**: rationale for the MA.21 study.
AU Trudeau M E
CS Division of Medical Oncology/Hematology, Toronto Sunnybrook, Regional

Cancer Centre, Toronto, Canada.
SO Oncology (Williston Park, N.Y.), (2001 May) Vol. 15, No. 5 Suppl 7, pp. 7-13. Ref: 29
Journal code: 8712059. ISSN: 0890-9091.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 200110
ED Entered STN: 20011029
Last Updated on STN: 20021211
Entered Medline: 20011025

L12 ANSWER 5 OF 10 MEDLINE on STN
TI An immunotherapeutic approach to treatment of breast cancer: focus on trastuzumab plus **paclitaxel.** Breast Cancer Medicine Service.
AB Recent emphasis has focused on the development of an immunotherapeutic approach toward the treatment of breast cancer. In particular, evaluation of antibodies and vaccines are active areas of research. The monoclonal antibody trastuzumab (H), directed against the HER-2/neu protein, has resulted in inhibition of tumor growth in both preclinical and clinical studies. This effect can be increased when used in combination with several chemotherapeutic agents. A randomized trial of **chemotherapy** alone versus **chemotherapy** plus H in untreated metastatic breast cancer patients found prolonged survival in the combination therapy arm. Cardiac toxicity was increased with **doxorubicin** and **cyclophosphamide** plus H but not for **paclitaxel** (T) plus H. Several trials of **dose-dense** weekly T have found minimal toxicity and significant clinical benefit. These findings prompted the initiation of a trial to evaluate weekly 1-h T plus weekly H. Preliminary data from this ongoing study demonstrate few side effects and a response rate of 64% (95%CI 42-76%). The optimal role of H in the treatment of breast cancer has not yet been defined. Additional evaluation in the metastatic and adjuvant settings is planned.
AN 2000419046 MEDLINE
DN PubMed ID: 10950143
TI An immunotherapeutic approach to treatment of breast cancer: focus on trastuzumab plus **paclitaxel.** Breast Cancer Medicine Service.
AU Gilewski T; Seidman A; Norton L; Hudis C
CS Memorial Sloan-Kettering Cancer Center, New York, NY 10021, USA.
SO Cancer chemotherapy and pharmacology, (2000) Vol. 46 Suppl, pp. S23-6. Ref: 22
Journal code: 7806519. ISSN: 0344-5704.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 200009
ED Entered STN: 20000915
Last Updated on STN: 20000915
Entered Medline: 20000906

L12 ANSWER 6 OF 10 MEDLINE on STN
TI Sequential **dose-dense doxorubicin**, **paclitaxel**, and **cyclophosphamide** for resectable high-risk breast cancer: feasibility and efficacy.
AB PURPOSE: **Dose-dense chemotherapy** is predicted to be a superior treatment plan. Therefore, we studied

dose-dense doxorubicin, paclitaxel,
and **cyclophosphamide** (A-->T-->C) as adjuvant therapy. METHODS:
Patients with resected breast cancer involving four or more ipsilateral
axillary lymph nodes were treated with nine cycles of **chemotherapy**
, using 14-day intertreatment intervals. Doses were as follows:
doxorubicin 90 mg/m2 x 3, then **paclitaxel** 250 mg/m2/24
hours x 3, and then **cyclophosphamide** 3.0 g/m2 x 3; all doses
were given with subcutaneous injections of 5 microg/kg granulocyte
colony-stimulating factor on days 3 through 10. Amenorrheic patients with
hormone receptor-positive tumors received tamoxifen 20 mg/day for 5 years.
Patients treated with breast conservation, those with 10 or more positive
nodes, and those with tumors larger than 5 cm received radiotherapy.
RESULTS: Between March 1993 and June 1994, we enrolled 42 patients. The
median age was 46 years (range, 29 to 63 years), the median number of
positive lymph nodes was eight (range, four to 25), and the median tumor
size was 3.0 cm (range, 0 to 11.0 cm). The median intertreatment interval
was 14 days (range, 13 to 36 days), and the median delivered
dose-intensity exceeded 92% of the planned dose-intensity for all three
drugs. Hospital admission was required for 29 patients (69%), and 28
patients (67%) required blood product transfusion. No treatment-related
deaths or cardiac toxicities occurred. **Doxorubicin** was
dose-reduced in four patients (10%) and **paclitaxel** was reduced
in eight (20%). At a median follow-up from surgery of 48 months (range, 3
to 57 months), nine patients (19%) had relapsed, the actuarial
disease-free survival rate was 78% (95% confidence interval, 66% to 92%),
and four patients (10%) had died of metastatic disease. CONCLUSION:
Dose-dense sequential adjuvant **chemotherapy**
with **doxorubicin, paclitaxel**, and
cyclophosphamide (A-->T-->C) is feasible and promising. Several
ongoing phase III trials are evaluating this approach.

AN 1999385404 MEDLINE
DN PubMed ID: 10458222
TI Sequential **dose-dense doxorubicin,**
paclitaxel, and **cyclophosphamide** for resectable
high-risk breast cancer: feasibility and efficacy.
AU Hudis C; Seidman A; Baselga J; Raptis G; Lebwohl D; Gilewski T; Moynahan M; Sklarin N; Fennelly D; Crown J P; Surbone A; Uhlenhopp M; Riedel E; Yao T J; Norton L
CS Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.. hudisc@mskcc.org
NC CM-07311 (NCI)
P50-CA68425 (NCI)
SO Journal of clinical oncology : official journal of the American Society of Clinical Oncology, (1999 Jan) Vol. 17, No. 1, pp. 93-100.
Journal code: 8309333. ISSN: 0732-183X.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199909
ED Entered STN: 19990921
Last Updated on STN: 19990921
Entered Medline: 19990903

L12 ANSWER 7 OF 10 MEDLINE on STN
TI Adjuvant sequential **dose-dense doxorubicin,**
paclitaxel, and **cyclophosphamide** (ATC) for high-risk
breast cancer is feasible in the community setting.
AB PURPOSE: This study evaluated the feasibility, when given in the
community, of **dose-dense**, sequential ATC (
doxorubicin, paclitaxel, cyclophosphamide) as
adjuvant therapy for breast cancer with four or more metastatic axillary

lymph nodes. PATIENTS AND METHODS: Patients were recruited after definitive breast cancer surgery if four or more axillary nodes were involved by metastatic cancer and if distant metastases were not present on computed tomographic scan or bone scan. Forty patients received **doxorubicin**, 90 mg/m2 every 14 days for three cycles; **paclitaxel**, 250 mg/m2 every 14 days for three cycles; and **cyclophosphamide**, 3 g/m2 every 14 days for three cycles with filgrastim support. **Chemotherapy** was administered by the referring physician. RESULTS: Mean dose intensity was 99% for **doxorubicin**, 96% for **paclitaxel**, and 99% for **cyclophosphamide**. Grade 3 toxicities included mucositis (13%), nausea/vomiting (10%), neuropathy (13%), and myalgia/arthralgia (10%). Thirteen patients had neutropenic fever. One patient developed acute leukemia. Three relapses have occurred. Ninety percent of patients are alive and disease-free at a median follow-up of 24 months. DISCUSSION: ATC can be administered in the community at full doses with acceptable toxicity. Preliminary efficacy data suggest that this high-dose, intensively scheduled regimen warrants comparison with standard therapy for high-risk patients.

AN 1999368023 MEDLINE
DN PubMed ID: 10439168
TI Adjuvant sequential **dose-dense doxorubicin**, **paclitaxel**, and **cyclophosphamide** (ATC) for high-risk breast cancer is feasible in the community setting.
AU Burtness B; Windsor S; Holston B; DiStasio S; Staugaard-Hahn C; Abrantes J; Kneuper-Hall R; Farber L; Orell J; Bober-Sorcinelli K; Haffty B G; Reiss M
CS Department of Internal Medicine, Yale University School of Medicine, New Haven, Connecticut 06520-8032, USA.
SO The cancer journal from Scientific American, (1999 Jul-Aug) Vol. 5, No. 4, pp. 224-9.
Journal code: 9513568. ISSN: 1081-4442.
CY United States
DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199910
ED Entered STN: 19991026
Last Updated on STN: 19991026
Entered Medline: 19991008

L12 ANSWER 8 OF 10 MEDLINE on STN
TI **Dose-dense paclitaxel**-containing adjuvant therapy for breast cancer.
AB The use of **dose-dense** therapy is one approach to overcoming the "resistance" of malignant cells to adjuvant therapy caused by inadequate drug exposure. In this approach, active drugs are delivered sequentially at their "ideal" dose level separated by short intertreatment intervals. Thus, dose intensification is achieved by means of rapidly recycled treatments rather than by dramatic dose escalation. To overcome absolute cellular resistance, the addition of new, active, non-cross-resistant drugs holds great promise and has specifically motivated the testing of the taxanes. This article describes the results of clinical trials of **dose-dense** therapy, with particular emphasis on attempts to incorporate one taxane, **paclitaxel** (Taxol), into the **dose-dense** regimen of sequential **doxorubicin** and **cyclophosphamide** --the so called A-->T-->C regimen, and into more conventional regimens.
AN 1998177240 MEDLINE
DN PubMed ID: 9516597
TI **Dose-dense paclitaxel**-containing adjuvant

therapy for breast cancer.
AU Hudis C A
CS Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.
SO Oncology (Williston Park, N.Y.), (1998 Jan) Vol. 12, No. 1 Suppl 1, pp. 16-8.
Journal code: 8712059. ISSN: 0890-9091.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199804
ED Entered STN: 19980430
Last Updated on STN: 19980430
Entered Medline: 19980421

L12 ANSWER 9 OF 10 MEDLINE on STN
TI Docetaxel as neoadjuvant **chemotherapy** in patients with stage III breast cancer.
AB Optimal management of locally advanced breast cancer (stage III) generally includes a combination of primary **chemotherapy** followed by surgery (if feasible), and local radiotherapy and adjuvant **chemotherapy** with or without hormonal therapy. An ongoing phase II study is being performed to evaluate the use of 4 cycles of 100 mg/m2 of docetaxel (Taxotere) administered as a 1-hour intravenous infusion once every 3 weeks followed by surgery, 4 cycles of standard-dose **doxorubicin/cyclophosphamide** (Cytoxan, Neosar) **chemotherapy**, and radiation, with and without tamoxifen (Nolvadex) in patients with locally advanced breast cancer. Preliminary results from 33 patients included in this phase II study are reported here. A partial response was achieved in 22 patients (67%), with 6 patients (18%) experiencing a complete response with this regimen. One patient with a complete response was confirmed to have a complete pathologic response at the time of surgery. Febrile neutropenia was noted in 8 patients (24%) and in 8 of the 120 treatment cycles (7%) administered. Future trials aimed at increasing the number of pathologic complete responses in patients with stage III breast cancer may require the use of docetaxel in combination with other active agents or the use of **dose-dense** scheduling schemes.
AN 1998031119 MEDLINE
DN PubMed ID: 9364536
TI Docetaxel as neoadjuvant **chemotherapy** in patients with stage III breast cancer.
AU Gradishar W J
CS Breast Medical Oncology Multidisciplinary Program, Northwestern University, Chicago, Illinois, USA.
SO Oncology (Williston Park, N.Y.), (1997 Aug) Vol. 11, No. 8 Suppl 8, pp. 15-8.
Journal code: 8712059. ISSN: 0890-9091.
CY United States
DT (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 199712
ED Entered STN: 19980109
Last Updated on STN: 19980109
Entered Medline: 19971218

MMP-13 inhibitors

L12 ANSWER 10 OF 10 MEDLINE on STN
TI Sequential **dose-dense** adjuvant therapy with **doxorubicin**, **paclitaxel**, and **cyclophosphamide.**
AB The recognition of **paclitaxel**'s (Taxol) activity and non-cross-resistance with **doxorubicin** (Adriamycin) in the treatment of metastatic breast cancer has motivated study of the agent in the adjuvant setting. However, the ideal means of incorporating this new agent is not yet known. In stage IV disease, exciting results have been seen with combinations of **doxorubicin** plus **paclitaxel**, and this approach is being tested as adjuvant treatment. An alternative approach that has produced superior results with other non-cross-resistant regimens is sequential administration of the combination agents. Based on prior clinical trials, we tested sequential **dose-dense** therapy with high-dose **doxorubicin**, followed first by **paclitaxel** and then by **cyclophosphamide** (Cytoxan) for high-risk operable breast cancer. This regimen was associated with marked toxicity but was nonetheless tolerable and resulted in promising relapse-free survival. This regimen is now being compared to high-dose **chemotherapy** with autologous stem cell support for women with operable breast cancer, metastatic to four to nine axillary lymph nodes.
AN 97289900 MEDLINE
DN PubMed ID: 9144685
TI Sequential **dose-dense** adjuvant therapy with **doxorubicin**, **paclitaxel**, and **cyclophosphamide.**
AU Hudis C
CS Breast Cancer Medicine Service, Memorial Sloan-Kettering Cancer Center, Cornell University Medical College New York, New York 10021, USA.
SO Oncology (Williston Park, N.Y.), (1997 Apr) Vol. 11, No. 4 Suppl 3, pp. 15-8. Ref: 25
Journal code: 8712059. ISSN: 0890-9091.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 199707
ED Entered STN: 19970724
Last Updated on STN: 19970724
Entered Medline: 19970714

=> FIL STNGUIDE

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	7.15	7.36

FILE 'STNGUIDE' ENTERED AT 08:34:50 ON 17 APR 2006

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Apr 14, 2006 (20060414/UP).

=> logoff
ALL L# QUERIES AND ANSWER SETS ARE DELETED AT LOGOFF
LOGOFF? (Y)/N/HOLD:y

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.06	7.42

STN INTERNATIONAL LOGOFF AT 08:35:05 ON 17 APR 2006

MMP-13 inhibitors

MMP-13 inhibitors

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:SSPTAEXO1623

PASSWORD:
TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * * * * * * Welcome to STN International * * * * * * * * * *

NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	DEC 23	New IPC8 SEARCH, DISPLAY, and SELECT fields in USPATFULL/ USPAT2
NEWS	4	JAN 13	IPC 8 searching in IFIPAT, IFIUDB, and IFICDB
NEWS	5	JAN 13	New IPC 8 SEARCH, DISPLAY, and SELECT enhancements added to INPADOC
NEWS	6	JAN 17	Pre-1988 INPI data added to MARPAT
NEWS	7	JAN 17	IPC 8 in the WPI family of databases including WPIFV
NEWS	8	JAN 30	Saved answer limit increased
NEWS	9	FEB 21	STN AnaVist, Version 1.1, lets you share your STN AnaVist visualization results
NEWS	10	FEB 22	The IPC thesaurus added to additional patent databases on STN
NEWS	11	FEB 22	Updates in EPFULL; IPC 8 enhancements added
NEWS	12	FEB 27	New STN AnaVist pricing effective March 1, 2006
NEWS	13	FEB 28	MEDLINE/LMEDLINE reload improves functionality
NEWS	14	FEB 28	TOXCENTER reloaded with enhancements
NEWS	15	FEB 28	REGISTRY/ZREGISTRY enhanced with more experimental spectral property data
NEWS	16	MAR 01	INSPEC reloaded and enhanced
NEWS	17	MAR 03	Updates in PATDPA; addition of IPC 8 data without attributes
NEWS	18	MAR 08	X.25 communication option no longer available after June 2006
NEWS	19	MAR 22	EMBASE is now updated on a daily basis
NEWS	20	APR 03	New IPC 8 fields and IPC thesaurus added to PATDPAFULL
NEWS	21	APR 03	Bibliographic data updates resume; new IPC 8 fields and IPC thesaurus added in PCTFULL
NEWS	22	APR 04	STN AnaVist $500 visualization usage credit offered
NEWS	23	APR 12	LINSPEC, learning database for INSPEC, reloaded and enhanced
NEWS	24	APR 12	Improved structure highlighting in FQHIT and QHIT display in MARPAT
NEWS	25	APR 12	Derwent World Patents Index to be reloaded and enhanced during second quarter; strategies may be affected

NEWS EXPRESS FEBRUARY 15 CURRENT VERSION FOR WINDOWS IS V8.01a,
CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
AND CURRENT DISCOVER FILE IS DATED 19 DECEMBER 2005.
V8.0 AND V8.01 USERS CAN OBTAIN THE UPGRADE TO V8.01a AT
http://download.cas.org/express/v8.0-Discover/

NEWS HOURS	STN Operating Hours Plus Help Desk Availability
NEWS LOGIN	Welcome Banner and News Items
NEWS IPC8	For general information regarding STN implementation of IPC 8

Enter NEWS followed by the item number or name to see news on that specific topic.

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FILE 'HOME' ENTERED AT 08:49:41 ON 17 APR 2006

=> file medline
COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'MEDLINE' ENTERED AT 08:50:01 ON 17 APR 2006

FILE LAST UPDATED: 15 APR 2006 (20060415/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 is now (26 Feb.) available. For details
on the 2006 reload, enter HELP RLOAD at an arrow prompt (=>).
See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate
substance identification.

```
=> s Intergroup(w)trial
          3020 INTERGROUP
        180369 TRIAL
L1         144 INTERGROUP(W)TRIAL

=> s L1 and chemotherapy
        174629 CHEMOTHERAPY
L2         119 L1 AND CHEMOTHERAPY

=> s L2 and CALGB and ECOG and SWOG and NCCTG
           285 CALGB
          2065 ECOG
           286 SWOG
            48 NCCTG
L3            0 L2 AND CALGB AND ECOG AND SWOG AND NCCTG

=> s L2 and dose-dense
        718698 DOSE
         40283 DENSE
           181 DOSE-DENSE
                 (DOSE(W)DENSE)
L4            3 L2 AND DOSE-DENSE

=> s L4 and doxorubicin and paclitaxel and cyclophsophamide
         32035 DOXORUBICIN
         11957 PACLITAXEL
```

MMP-13 inhibitors

3 CYCLOPHSOPHAMIDE
L5 0 L4 AND DOXORUBICIN AND PACLITAXEL AND CYCLOPHSOPHAMIDE

=> d L4 1-3 ti

L4 ANSWER 1 OF 3 MEDLINE on STN
TI Concepts and clinical trials of **dose-dense** **chemotherapy** for breast cancer.

L4 ANSWER 2 OF 3 MEDLINE on STN
TI **Dose-dense** adjuvant **chemotherapy** for primary breast cancer.

L4 ANSWER 3 OF 3 MEDLINE on STN
TI Randomized trial of **dose-dense** versus conventionally scheduled and sequential versus concurrent combination **chemotherapy** as postoperative adjuvant treatment of node-positive primary breast cancer: first report of **Intergroup Trial** C9741/Cancer and Leukemia Group B Trial 9741.

=> d L4 1-3 ti abs bib

L4 ANSWER 1 OF 3 MEDLINE on STN
TI Concepts and clinical trials of **dose-dense** **chemotherapy** for breast cancer.
AB This article will review the strategy of **dose-dense** administration of **chemotherapy** for breast cancer. Increased dose density is achieved by reducing the interval between each dose of **chemotherapy.** The cumulative drug dose remains constant, but the same amount of drug is administered over a shorter period. Mathematical models of tumor growth have provided the basis for the clinical application of **dose-dense chemotherapy.** The Norton-Simon model suggests that increasing the dose density of **chemotherapy** will increase efficacy by minimizing the opportunity for regrowth of tumor cells between cycles of **chemotherapy.** **Intergroup trial** 9741, coordinated by the Cancer and Leukemia Group B (CALGB), tested the 2 hypotheses that **dose-dense** and sequential administration of **chemotherapy** regimens incorporating doxorubicin, cyclophosphamide, and paclitaxel would improve disease-free survival and overall survival. A statistically significant 4-year disease-free survival advantage was detected for the 2 **dose-dense** regimens compared with the regimens administered every 3 weeks. The mathematical concepts and previous clinical trials of dose density that contributed to the design of CALGB 9741 will be reviewed. The strengths and limitations of CALGB 9741 will then be discussed before the presentation of future directions of research and recommendations for clinical practice today.
AN 2005693874 MEDLINE
DN PubMed ID: 16381623
TI Concepts and clinical trials of **dose-dense** **chemotherapy** for breast cancer.
AU Orzano Jennifer A; Swain Sandra M
CS Cancer Therapeutics Branch, Center for Cancer Research, National Cancer Institute, Department of Health & Human Services, Bethesda, MD, USA.
SO Clinical breast cancer, (2005 Dec) Vol. 6, No. 5, pp. 402-11. Ref: 64
Journal code: 100898731. ISSN: 1526-8209.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 200601

MMP-13 inhibitors

ED Entered STN: 20051230
Last Updated on STN: 20060127
Entered Medline: 20060126

L4 ANSWER 2 OF 3 MEDLINE on STN
TI **Dose-dense** adjuvant **chemotherapy** for primary breast cancer.
AB Adjuvant **chemotherapy** has been proven to reduce significantly the risk for relapse and death in women with operable breast cancer. Nevertheless, the prognosis for patients presenting with extensive axillary lymph node involvement remains suboptimal. In an attempt to improve on the efficacy of existing **chemotherapy**, a phase III **intergroup trial** led by the Cancer and Leukemia Group B (CALGB 97-41) was designed, which tested a mathematical model of tumor growth based on the Norton-Simon hypothesis. This hypothesis, developed about 3 decades ago, and the kinetic model derived from it, created the basis of the concepts of dose density and sequential therapy, both of which were tested in CALGB 97-41. This large prospective randomized trial demonstrated that shortening the time interval between each **chemotherapy** cycle while maintaining the same dose size resulted in significant improvements in disease-free and overall survival in patients with node-positive breast carcinoma. This finding is highly relevant and has immediate implications for clinical practice.
AN 2005112943 MEDLINE
DN PubMed ID: 15743513
TI **Dose-dense** adjuvant **chemotherapy** for primary breast cancer.
AU Fornier Monica; Norton Larry
CS Breast Cancer Medicine Service, Division of Solid Tumor Oncology, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, New York, USA.. fornierm@mskcc.org
SO Breast cancer research : BCR, (2005) Vol. 7, No. 2, pp. 64-9. Electronic Publication: 2005-02-10.
Journal code: 100927353. E-ISSN: 1465-542X.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200601
ED Entered STN: 20050304
Last Updated on STN: 20060201
Entered Medline: 20060131

L4 ANSWER 3 OF 3 MEDLINE on STN
TI Randomized trial of **dose-dense** versus conventionally scheduled and sequential versus concurrent combination **chemotherapy** as postoperative adjuvant treatment of node-positive primary breast cancer: first report of **Intergroup Trial** C9741/Cancer and Leukemia Group B Trial 9741.
AB PURPOSE: Using a 2 x 2 factorial design, we studied the adjuvant **chemotherapy** of women with axillary node-positive breast cancer to compare sequential doxorubicin (A), paclitaxel (T), and cyclophosphamide (C) with concurrent doxorubicin and cyclophosphamide (AC) followed by paclitaxel (T) for disease-free (DFS) and overall survival (OS); to determine whether the dose density of the agents improves DFS and OS; and to compare toxicities. PATIENTS AND METHODS: A total of 2,005 female patients were randomly assigned to receive one of the following regimens: (I) sequential A x 4 (doses) --> T x 4 --> C x 4 with doses every 3 weeks, (II) sequential A x 4 --> T x 4 --> C x 4 every 2 weeks with filgrastim, (III) concurrent AC x 4 --> T x 4 every 3 weeks, or (IV) concurrent AC x 4 --> T x 4 every 2 weeks with filgrastim. RESULTS: A protocol-specified analysis was performed at a median follow-up of 36 months: 315 patients had experienced relapse or died, compared with 515 expected treatment

failures. **Dose-dense** treatment improved the primary end point, DFS (risk ratio [RR] = 0.74; P =.010), and OS (RR = 0.69; P =.013). Four-year DFS was 82% for the **dose-dense** regimens and 75% for the others. There was no difference in either DFS or OS between the concurrent and sequential schedules. There was no interaction between density and sequence. Severe neutropenia was less frequent in patients who received the **dose-dense** regimens. CONCLUSION: Dose density improves clinical outcomes significantly, despite the lower than expected number of events at this time. Sequential **chemotherapy** is as effective as concurrent **chemotherapy.**

AN 2003179088 MEDLINE
DN PubMed ID: 12668651
TI Randomized trial of **dose-dense** versus conventionally scheduled and sequential versus concurrent combination **chemotherapy** as postoperative adjuvant treatment of node-positive primary breast cancer: first report of **Intergroup Trial** C9741/Cancer and Leukemia Group B Trial 9741.
AU Citron Marc L; Berry Donald A; Cirrincione Constance; Hudis Clifford; Winer Eric P; Gradishar William J; Davidson Nancy E; Martino Silvana; Livingston Robert; Ingle James N; Perez Edith A; Carpenter John; Hurd David; Holland James F; Smith Barbara L; Sartor Carolyn I; Leung Eleanor H; Abrams Jeffrey; Schilsky Richard L; Muss Hyman B; Norton Larry
CS ProHEALTH Care Associates, LLP, 2800 Marcus Ave, Lake Success, NY 11042, USA.. mcitron@prohealthcare.com
SO Journal of clinical oncology : official journal of the American Society of Clinical Oncology, (2003 Apr 15) Vol. 21, No. 8, pp. 1431-9. Electronic Publication: 2003-02-13.
Journal code: 8309333. ISSN: 0732-183X.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200304
ED Entered STN: 20030417
Last Updated on STN: 20030501
Entered Medline: 20030430

=> FIL STNGUIDE

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	2.22	2.43

FILE 'STNGUIDE' ENTERED AT 08:52:12 ON 17 APR 2006

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Apr 14, 2006 (20060414/UP).

=> file medline

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.06	2.49

FILE 'MEDLINE' ENTERED AT 08:52:58 ON 17 APR 2006

FILE LAST UPDATED: 15 APR 2006 (20060415/UP). FILE COVERS 1950 TO DATE.

MMP-13 inhibitors

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 is now (26 Feb.) available. For details on the 2006 reload, enter HELP RLOAD at an arrow prompt (=>). See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

```
=> s 60mg and doxorubicin
          117 60MG
        32035 DOXORUBICIN
L6          2 60MG AND DOXORUBICIN

=> d L6 1-2 ti

L6   ANSWER 1 OF 2     MEDLINE on STN
TI   Methotrexate serum concentration and histological response to multiagent
     primary chemotherapy for osteosarcoma of the limbs.

L6   ANSWER 2 OF 2     MEDLINE on STN
TI   Individually specified drug immunoconjugates in cancer treatment.


=> logoff
ALL L# QUERIES AND ANSWER SETS ARE DELETED AT LOGOFF
LOGOFF? (Y)/N/HOLD:y
COST IN U.S. DOLLARS                          SINCE FILE      TOTAL
                                                   ENTRY    SESSION
FULL ESTIMATED COST                                0.39       2.88

STN INTERNATIONAL LOGOFF AT 08:53:50 ON 17 APR 2006
```